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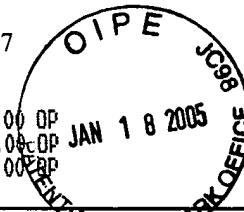
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2292 7590 10/18/2004

BIRCH STEWART KOLASCH & BIRCH, LLP
PO BOX 747
FALLS CHURCH, VA 22040-0747
01/21/2005 MGEBREM2 00000028 10046741

01 FC:1501
02 FC:1504
03 FC:8001

1400.00 OP
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(Depositor's name)

(Signature)

(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/046,741	01/17/2002	Yoshinobu Ono	3885-0103P	2546

TITLE OF INVENTION: METHOD FOR FABRICATING III-V COMPOUND SEMICONDUCTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/18/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULPURI, SAVITRI	2812	438-479000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BIRCH, STEWART,
KOLASCH & BIRCH, LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SUMITOMO CHEMICAL COMPANY, LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 4

A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 02-2448 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

(if necessary)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 18, 2005

NE6
Typed or printed name _____

Andrew D. Meikle

Registration No. 32,868

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